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## The Stages of Treatment and Healing

When we start at the center of ourselves, we discover something worthwhile extending toward the periphery of the circle.

—Anne Morrow Lindbergh, *Gift from the Sea*

The decision to heal from the trauma of childhood sexual abuse is life-changing. The change that women experience occurs gradually and in stages as it becomes a permanent part of their lives. One significant change is the diminishing of destructive patterns. Sexual abuse profoundly affects the thoughts and emotions of women that in turn create patterns of behavior that have the potential to cause problems throughout their lives. This interconnection of how a woman's thoughts, feelings, and behaviors were influenced by the sexual abuse is what underlies the destructive patterns that women have lived with and the problems they cause.<sup>1</sup> As women experience internal changes during recovery, their thoughts, feelings, and behaviors change and destructive patterns diminish. These changes occur because the past trauma of sexual abuse is no longer a dominant force in their lives. Examples of the outcome of these internal changes are a greater degree of self-confidence, improvement in decision-making and problem-solving skills, feeling safe when alone or with others, decreased feelings of tension, and increased feelings of relaxation. Women experience a greater comfort with and acceptance of their bodies and find that intrusive thoughts of the abuse fade, harmful behaviors diminish, fears are resolved, and optimism toward life occurs more frequently.

Women report that external changes also unfold from personal growth and healing. Examples of external changes that women experience are a redefining of relationships with others, a decrease in problematic and disruptive behaviors, and the ability to establish clear and congruent boundaries. Life becomes more consistent and predictable as setting limits becomes easier, and they feel physically better in terms of the energy level

and motivation they experience. Women report that they manage better on a day-to-day basis and have resources available to them that prevent issues from escalating into reoccurring problems. For most women, healing that brings growth and change is the first time since before the trauma that they have experienced themselves as healthy, functioning, and capable individuals. Women describe these experiences of wellness as being “felt on the inside, before they are experienced on the outside.”

A woman’s identity and self-concept are affected in a profound way by the trauma of childhood sexual abuse. How she came to think about herself, perceive her life, and behave toward others have been influenced by the abuse; therefore, how she has viewed herself within the world was influenced as well. As women move through a process of healing, they identify how the trauma of family sexual abuse affected their development. Negative beliefs formed during the abuse (see Chapter 3) underlie and sustain the prolonged effects of this childhood trauma on a woman’s identity. The relationship between symptomatic behavior and a woman’s unique experience of the sexual abuse suggest that these negative beliefs are maintained as thoughts that women have about themselves that have influenced their identity.<sup>2</sup> A woman feels these negative beliefs emotionally and then acts on them through her behavior. This is another way destructive patterns are set in place by the sexual abuse and one of the reasons women reenact this trauma in various ways throughout their lives.

For example, some women view their bodies in a way that represents what the perpetrator did to them during the abuse. Other women exemplify the loss of power they felt during the abuse by continuing to experience self-blame for not being able to stop the perpetrator or for how the abuse has affected them. There are women who exhibit a cycle of depression throughout their lives, causing them to experience an extended sense of hopelessness and apathy and to doubt that their lives will ever improve. As Eileen (age forty-two) stated, “I viewed my choice to be in a loveless marriage as a decision I had made when I was twenty years old and one that I could never change. The man I married had characteristics similar to the perpetrator who abused me. He was domineering, controlling, and manipulative. As I changed how I viewed myself, I changed how I viewed my choice to remain in this marriage. The day I filed for divorce was a week after I had disclosed the abuse to my family and exposed the perpetrator. I no longer felt bound to a marriage that I would not choose to have today.”

Women actively work at identifying the negative beliefs and destructive patterns associated with the trauma of childhood sexual abuse that continue to influence their lives today. In doing so, they are then able to develop their own beliefs about the trauma based on new information and the knowledge they have gained from their life experiences. As women challenge the thought distortions brought about by the perpetrator and his behavior, they find

they have lived much of their life based on the way in which he treated her. In addition, they discover that they no longer have to continue the maladaptive beliefs of the family—a family that avoided discussion of the trauma and prevented new information from reaching them. This change in destructive patterns is an outcome of healing that causes the thoughts, emotions, and behaviors arising from the sexual abuse to diminish. A new identity begins to emerge based on meaningful information about a woman's strengths, abilities, and developing sense of self. This emerging identity is, in some ways, reminiscent of the person she was developing into before the trauma of sexual abuse occurred. Women describe this emerging identity to be the essence of the person they were before the sexual abuse became a part of their lives. A woman can integrate this former sense of self into her emerging female identity that is forming in the present. This identity is absent of negative beliefs that were acquired from the abuse or the family's belief system and prevents self-destructive behavior from continuing unnoticed.

As women identify their new beliefs and form an identity based on their strengths and individual character, they separate from the trauma in a healthy, conscious way. This conscious separation, which occurs emotionally and mentally, is reflected in their behavior and is another step that promotes the eventual integration of the trauma into a woman's life history. One of the outcomes of this healthy separation is that the responsibility for the trauma is externalized and placed with the perpetrator, where it always belonged. Women can then acknowledge that the trauma occurred without blaming themselves. Once the blame for the sexual abuse is shifted, they can more readily accept how the abuse affected them. Separation from the negative beliefs of abuse and the internalized blame that resulted from them is a part of the healing process. Appendix B identifies thought patterns that women with this treatment approach recognized as affecting their identity as women.

## THE STAGES OF HEALING

The following stages of healing were adapted from the work of Wayne Kritsberg with *Adult Children of Alcoholics (ACOA)*<sup>3</sup> and the work of Bessel A. van der Kolk on the diagnosis and treatment of traumatic stress.<sup>4</sup> Kritsberg's proposed stages of healing were redefined within this framework for treatment of sexual abuse. Van der Kolk's research and clinical approaches were reviewed to assure a sound clinical structure of diagnosis and treatment as applied to trauma. Ideas were then assimilated and applied in the recovery and treatment of sexual abuse as a traumatic and chronic stress to women. The proposed stages of healing are meant to serve as a guide for women, answer questions they may have about the recovery process, and provide a touchstone to help them identify where they are in their recovery. Women can then assess where healing for them has occurred and what stages of

healing might still need to be completed. Therapists and other health care professionals can use these stages as a framework for treatment at an individual level with women.

### **Initial Stage: Assessment**

During the assessment stage, a woman, along with her therapist, needs to do the following:

1. Determine what symptoms of shock occurred during the cycle of abuse and which of these symptoms are being experienced today.
2. Determine what testing will be given to obtain information on depression, anxiety, self-esteem, adult development, relationship patterns, assertiveness skills, and boundary issues. Sexuality is assessed in terms of sexual comfort, sexual behavior, sexual identity and orientation, and how sexuality is currently affected or not.
3. Assess other problems that are also identified. Other problems might include personality functioning, existence of an eating disorder, or specific stresses such as parenting and the marital relationship.
4. Identify if reenactment thoughts, feelings, or behaviors are occurring and, if they are, when they occur and what triggers them, and if there is a history of trauma reenactment behavior.
5. Determine how dissociation is experienced and what functional purpose it serves in a woman's life as well as the maladaptive use of it.
6. Complete a social and family history; obtain preliminary social and family information about the partner as well if she is in a committed relationship.
7. Obtain medical information on physical disorders such as migraines, irritable bowel syndrome, or chronic vaginal infection related to this trauma; obtain information on current and past medications prescribed and their effectiveness at alleviating the symptoms of chronic shock, especially depression, anxiety, intrusive images, and sleep disturbances; determine if somatization exists within this cluster of symptoms.
8. Identify what physical pain a woman has experienced or is experiencing, how it has been treated, and to what level of success the pain has been relieved.
9. Provide information to women on the ways sexual abuse affects women, and answer specific questions a woman might have about the trauma of family sexual abuse in her life.
10. Provide information and answer questions that women have about the recovery process and, if agreed upon, how treatment will be coordinated with other health care providers.

11. Develop a plan for the first six months to a year of treatment. This treatment plan should be reviewed with a woman to explain recommendations and answer her questions and should be reviewed and updated at least every six months.

This assessment process helps women to discuss their symptoms of the trauma, which in turn allows their gradual disclosure about the trauma of childhood sexual abuse they experienced in their family. Providing information to women about childhood sexual abuse and recovery can be facilitated during assessment, which can decrease some of the emotional distress women experience upon entering treatment. Assessment identifies what specific problems are most likely reenactments of the trauma while seeking to understand where coping methods are maladaptive and contribute to current problems. In addition, assessment gives treatment focus during the first six months of therapy and navigates the treatment process.

The treatment plan provides information to physicians and other health care professionals who are involved with a woman's health care. This approach to recovery advocates coordinated services for women in the treatment of this trauma. Monthly status reports that summarize how a woman is progressing in treatment can be provided to other health care professionals. These status reports can also address issues of medication, pain management, or other relevant treatments that are occurring elsewhere with women. For example, I will provide, with the written permission of women, reports to physicians, craniosacral therapists, massage therapists, surgeons, and others who are a part of a woman's health team for recovery. These status reports are reviewed with women beforehand so they know what information is being shared with other providers. However, at all times, the woman determines if information is shared, what information is shared, and with whom.

### **First Stage of Recovery: Making the Connection**

*Disclosure.* Women entering treatment need a gradual disclosure process that occurs at their individual pace. The importance of carefully and slowly allowing the memories and experience of sexual abuse to be told cannot be overstated. Throughout this stage, there is a gradual shift from denial or minimization of the sexual abuse as traumatic to realization of its damaging effects. This gradual shift is achieved by working from the premise that disclosure of the trauma is healing only when it occurs within the context of a noncoercive, carefully constructed therapeutic relationship. A therapist who allows women to feel protected and safe within the treatment process gives assurance that their traumatic experience of childhood sexual abuse will be understood at an individual level. Because the beliefs attached to the secrecy of family sexual abuse are complex and tenacious, the therapeutic

process has to support the gradual disclosure of trauma. This is also the time when the underlying family belief system begins to be identified.

Disclosure occurs throughout the recovery process since women recall and share their memories at various times during treatment. This means that disclosure can occur over several weeks, several months, or longer. For disclosure to be healing, the therapeutic relationship needs to be one of respectful listening and posing thoughtful questions, a few at a time. Women determine the pace of this gradual noncoercive disclosure. A therapist working within this process provides an environment that is respectful of a woman's tolerance for sharing so as not to overwhelm her. The reassurance of emotional safety is provided in part when boundaries are discussed and respected throughout the therapeutic process, but especially at the beginning stages. A therapist needs to be mindful of the individual differences among women regarding both their desire and ability to disclose at any given time during this stage. A knowledgeable therapist who is skilled, empathetic, and willing to learn about each woman's unique experience and has an attitude of mutual respect can represent the respect, safety, care, and trust that was missing in childhood. An experienced therapist can provide validation as to how the abuse was traumatic for an individual woman while affirming that healing is possible.

*Acute Crisis.* A woman often comes to treatment because she is experiencing the effects of abuse as ongoing or recurring problems in her life. She may enter treatment acknowledging that she has become less able to function in her daily life or that she is suffering from multiple health problems. She may have recently experienced marriage or the birth of a child; perhaps she has a child who just reached the age when the abuse in her childhood began. Sometimes this crisis state occurs when the perpetrator has died. This state of stress may have started because she has been experiencing intense flashback sensations, more frequent and vivid memories of the abuse, a loss of appetite, sleep disturbances, or a greater degree of depression and anxiety. Whatever her reason, she is seeking relief.

*Awareness.* While women may or may not be prepared to talk about the abuse, they are most likely ready to acknowledge that it happened. Once abuse is acknowledged, they begin the process of actively thinking about it with less ability to block it from their consciousness. This active thinking signals a first stage of connection: admitting the possibility that childhood sexual abuse has caused problems in her adult life. Since this is an emotionally vulnerable time, a woman needs to know that she can trust the therapeutic process to provide her a safe environment in which to gradually begin to connect the abuse to other problems she has experienced. This is often a good time to review the questions and answers presented in Chapter 1 and for her to share her thoughts or questions about this information. A dialogue about the trauma of sexual abuse is beginning in therapy.

*Safety and Trust in Therapy.* A woman needs to know that the therapist is a safe person who can be trusted with her experience and the memories of the trauma. She needs confidence in the therapist's ability to understand the shame and embarrassment she feels surrounding the sexual abuse and to help her understand which of the problems that she experiences today are a result of the trauma. The opportunity to share her story one memory at a time and have it understood is crucial. A therapist does need to ask specific questions about the abuse: Who is the perpetrator, what was his relationship to the child, when did the abuse occur, how old was she at the time of the abuse, where and how often did it occur, what does she remember about how she felt, and how she coped during and after the abuse? There should be no probing of memories and no attempts to induce memories since these types of intrusions tend to cause inhibition of expression rather than facilitate discussion. Information about flashbacks, how trauma affects memory, and the types of memory related to sexual abuse will help her to move through this stage. Questions about how she coped with and survived throughout the abuse will help a woman understand and identify which coping methods she uses today that are related to the trauma as well as what her strengths might be.

*Discussing the Cycle of Abuse.* The age at which the abuse began, the severity, whether there was early treatment, and the identity of the perpetrator will underlie the degree of impact to a woman.<sup>5</sup> Whether the perpetrator was violent or seductive will need to be determined. A woman may go through periods of wanting to talk about the abuse, then a period of minimizing it or its effects; at the same time, she is also experiencing the desire to continue her healing. While this variability is a normal part of moving toward acceptance and recognition of the trauma, she will also feel that the pain of remembering is overwhelming. During these times, a woman can feel emotionally exhausted and want to give up, or at least want to take a break from treatment. These thoughts and feelings are expected throughout the early stages of recovery. Women may use some of their previous strategies of coping such as numbing, distancing, minimizing, and forgetting to help them get through this stage. By pacing discussions and providing coaching, modeling, and support, therapists help women learn how to discuss the sexual abuse and learn new ways of managing the memories of the trauma.

## **Second Stage of Recovery: Experiencing Emotions**

*Emotions of Outrage and Grief.* During this stage, women often experience a profound sense of loss and sadness about the abuse and what it took from her as well as intense outrage about what the perpetrator did to her. Some women may experience an increase in depression due to the grief and loss,

while others experience more intense anxiety due to the outrage. These increased, and at times intense, emotional states are temporary. Women may cry at various times or for several days while feeling the sadness that they were unable to express as children; this is natural. A woman needs to feel her losses and allow them to be real without being viewed as abnormal. Trusting one other person to share her feelings with will help open the emotional silence she has kept about the trauma. Being held by someone she trusts is comforting. She has the right to grieve. There will be times when she needs to be alone with her grief but not isolated. Cocooning—being by herself where she can feel what she needs to feel that words cannot explain—can be helpful. She will share when and if she is ready. Gradual disclosure, nonintrusive questions, respectful listening, and safe physical touch are important therapeutic approaches for women at this stage. This is another stage in which boundaries within the therapeutic relationship should be discussed and defined.

The outrage a woman experiences can be deep and intense. This is the prolonged anger that she was never allowed to voice. Just as the perpetrator suppressed his behavior with secrecy, he also suppressed her emotions of outrage. Over the years, she may have directed this outrage at herself or others. Women need help in releasing this outrage in ways that are healthy and nondestructive. There are creative and controlled ways of expressing outrage from trauma. Verbalizing her outrage about the perpetrator or family members will also help alleviate some of the intensity of CSS; it can also lift degrees of depression, decrease self-blame, and increase her energy.

Women will need to let go of the myth that “nice girls do not get angry” or that the only way to release their outrage is to “let it all come out.” Neither is true. A woman needs to work with her therapist to find what will work best for her in releasing the outrage, a little at a time. Most women realize that their ability to feel and express anger has always been affected by the abuse and other family dynamics. For example, a woman may have used the outrage as a means to protect herself and to keep others at a distance. One woman describes using her outrage in this manner: “I was an outrager. My fierce anger kept people away from me. I could hold my outrage close, like a shield. I was saying, ‘Get back. You will not get a chance to hurt me!’ My outrage caused people to avoid me, while giving me a sense of safety. I used it as a wall against feeling vulnerable and unprotected. I gradually came to realize the cause of my intense anger and that I had used it as a way to protect myself for many years. Eventually, I became ready and able to release the outrage in a healthy and focused manner. As I did, I could allow others into my life as a trusting person once again. As someone once said: ‘Walls not only keep us in, they keep others out,’ which is what I did with my anger.”

By acknowledging and expressing sadness, outrage, and other emotions related to the abuse, women begin to feel a range of feelings. An emotional

thawing begins. A woman who passes through this stage is ready to accept that the abuse happened. She can admit that she did not cause the adult to abuse her and begin to realize that she is not responsible for how the trauma has affected her. Through the expression of grief and outrage and by letting go of self-blame, women reconnect with how powerless they were as children. This reconnection helps to dissolve the resistance they have had about admitting their inability to stop the abuse or its effects. Women put a voice to their traumatic experience as they relate what they went through both during and after the abuse. This emotional connection to the child's lack of control over the perpetrator allows the adult woman to move through another stage of resolution as a step toward integration of the trauma. By admitting her helplessness as a child, she is acknowledging her lack of responsibility for the trauma. At the same time, she is acknowledging her ability to heal.

### **Third Stage of Recovery: Identifying Chronic Problems**

*Healing Prolonged Problems.* By this stage, a woman's thinking is less negative and critical, and she is experiencing a greater sense of hope and optimism. Women find that they are ready to trust their opinions more often than not as they regain the value of their own perceptions. They are no longer alone and isolated because they have reestablished trust in their lives. Women communicate better and are more open, honest, and direct with themselves and other people. Their anxiety lessens, and they are more committed to continuing recovery. Negative core beliefs become a primary focus for identification and change. This is the stage when a woman's sense of identity is being renewed and reformed.

An area of treatment that women will focus on within this stage is resolving reenactment thoughts, emotions, and behaviors. As women identify the negative beliefs that formed during the cycle of abuse and within the family belief system, they will continue to experience a diminishing of dissociation and CSS. Their ability to set age-appropriate boundaries in relationships improves as they develop a style of assertive communication with others. This assertive style replaces a passive or aggressive style of relating and interacting within her significant relationships and everyday interactions. The ability to solve problems, identify a range of feelings, and establish a self-actualized belief system is an outcome of this stage. Women are encouraged to create opportunities that will nurture their personal growth and self-awareness and enhance their self-esteem and self-worth. Another area of healing is sexual enjoyment. This aspect of a woman's recovery comes from sharing questions that they have about human sexuality and learning about female sexuality specifically. They can explore their own sexual preferences within an established, trusting relationship with a partner. Women's groups and workshops are a good source of information and sharing on the topic of

sexuality. Women need to work through understanding and accepting that the sexual acts forced upon them as well as their responses to those acts were not choices they were given as children, and they need to realize that today, as adults, they have a choice about their sexual behavior.

Other important areas of healing for women have to do with their role within the family, the emotional nurturing of their children, and effective parenting skills and attitudes. Their family relationships start to change in a positive way, but these changes will often challenge other family members in terms of redefining and reworking relationships with them. Women make progress in continuing to diminish and change destructive patterns, relinquish childhood coping methods, and address dual-treatment issues such as addictions and eating disorders. There are a variety of prolonged effects that result from childhood sexual abuse, so what women will need to focus on at this stage of healing is individualized. Chapter 6 discusses the prolonged problems from childhood sexual abuse that women in this treatment approach frequently present for healing.

*Decisions about Disclosure.* This stage is where women make decisions about whether to disclose the history of the abuse to other people. Their first step may be to attend a women's recovery and support group. A recovery group also allows women to learn even more about healing. Through individual therapy, she has gained confidence that what she knows and remembers about the abuse is real, and she is now ready to share this confidence with other women. This decision is based on a woman feeling, and believing, that for her it is time to build another level of trust. In a women's group, she can disclose as little or as much about the abuse as she thinks is appropriate. Focusing on the developmental impact the abuse has had on her identity, rather than on the actual acts of abuse by the perpetrator, is helpful at this stage. By placing the focus primarily on how the trauma has affected her, the trauma experience recedes into the past without her denying that it happened.

Another decision women will make is whether to disclose the perpetrator's abuse to partners, parents, siblings, family members, or friends. Women need to give careful consideration to the people they choose to disclose to as well as when to disclose. If possible, these disclosures take place in a therapy session where a woman is given the support of her therapist to answer questions that might be posed by the people she chooses to tell. These sessions need to be planned between her and the therapist.

A woman's decision to disclose to a partner has to be based on trust. If a woman does not trust her partner, then disclosure is not recommended. Frequently, a woman has told her partner about the sexual abuse at some time during their relationship but then never discussed it again. The therapist can meet with a woman and her partner to answer questions and provide information about recovery. Partners do benefit from understanding what

has caused problems in the relationship, what healing from childhood sexual abuse involves, and what changes he may need to make in the relationship. How the relationship has been affected by the abuse as well as the boundaries a woman has established during her recovery can also be discussed. Unfortunately, a woman does not always have a partner who is trustworthy, respectful of her right to privacy, or supportive of her recovery. Other significant issues that can prevent a woman from disclosing to her partner are past or present abuse by the partner, whether the partner shares characteristics of the perpetrator, or whether he manipulates her in order to have control of the relationship.

A critical issue regarding children is whether the perpetrator has had access to them over the years. A mother needs to ask her child, in general, about the perpetrator's behavior; if she then suspects that abuse has occurred, she will need to ask her child specifically about the perpetrator's behavior. A family history of sexual abuse will not end if her children are not protected from the perpetrator who abused her or from others within the family. A decision about reporting the abuse, if it has occurred, will also need to be made. Her therapist can work with her and child protective services to ensure that she and the child are protected and supported. If a mother decides after talking to her children that abuse by the perpetrator has not occurred, then she will need to discuss how the relationship with the perpetrator will change.

*Disclosure to the Perpetrator.* Deciding whether to safely confront the perpetrator is an important decision for women. This decision can be controversial within recovery programs and within her family. Confronting the perpetrator is disclosure to the person who sexually abused her; it is not permission to be abusive. Women should never confront a violent perpetrator; disclosure is always decided with a woman's safety as the first priority. Chapter 7 discusses this decision in detail. In general, the focus of this disclosure is about telling the perpetrator that she remembers what he did to her and letting him know firsthand how the abuse by him has affected her life. If a woman still has contact with the perpetrator, then she also communicates how the relationship will change. Once a woman decides to confront the perpetrator, it needs to be planned with attention given to her level of readiness and how it pertains to her recovery.

#### **Fourth Stage of Recovery: Integration**

*Resolution.* At each stage, a woman has been actively, yet gradually, integrating the trauma of family sexual abuse as part of her history, rather than her destiny. In passing through each previous stage, she feels both emotionally and mentally free of the abuse. She has likely healed the CSS and is no

longer experiencing dissociation. While she may still be healing the developmental impact, she can acknowledge the past trauma without being overwhelmed. Most women describe the experience of resolution and the passage into integration as speaking about the trauma or having thoughts of it that are not intrusive—resolution does not cause flashbacks to occur, depression and anxiety are not experienced, and dissociation or CSS are not present.

While women still have feelings about the abuse, their feelings are intact, coherent, and relevant. Their identity as a congruent adult, rather than a victim of trauma, is forming. At this stage, a woman is neither victim nor survivor since she no longer feels, thinks, or behaves as though she is. Rather, she views herself as a woman who can continue her life free of the trauma of childhood abuse. In reaching this stage, a woman has disclosed and talked about the abuse and understood its impact to her; internal and external changes have occurred within her life, her self-concept and identity are renewed, and she is ready to embrace and move forward with her life.

*Building Confidence.* At this stage of the journey women practice living their recovery as they experience day-to-day life. Relationships continue to be defined and negotiated according to her current needs as a woman. She may decide to have supportive family sessions or sessions with her partner and children for help with particular issues. She views herself as capable of making new and meaningful decisions about her life. During this stage, she integrates her emerged identity as she continues to grow and develop as a woman. This follow-up period in therapy is a time of building confidence and may last for at least a year or two. Afterward, women are encouraged to schedule an annual session to discuss how they are doing, share their continued successes, and review relapse prevention where needed.

## COMPLETING THE STAGES OF HEALING

Some stages of healing will take longer. “However long it takes,” as one woman said, “is how long it takes!” Healing is not about finding a quick fix. Rather, it is about permanent recovery. Recovery is always moving forward as long as women are committed to their healing. They may need to rest along the way, slow down their life, and take care of themselves. When they do, they find that they are ready to move on to the next stage; they do not have to force their readiness or make it happen. The process will flow as steady as a stream as long as they remain willing to do the work, are open to healing, and practice patience with themselves. Women are encouraged not to allow other people to determine their willingness or personal commitment to healing. Sometimes, even those who love us are threatened by and afraid of the changes our healing will bring to our relationships with them and to their lives.

At times, a woman may remain in one stage longer than she did a previous stage or she may need to go back through a stage. For example, if a woman is having recurring memories or begins to remember more about the abuse than she did in an earlier stage, she may remain longer in the stage of recall and need more time to work through these new memories of the abuse. Other times a woman may come back through feelings of outrage and grief as she experiences disappointment or disloyalty from her family where the abuse occurred. If she decides to confront the perpetrator, after earlier deciding not to, she will return to this stage. Some women return to a stage when they become married or when they go through a divorce. Healing is an individual process experienced in a unique way by each woman.

Women also enter recovery at different stages. While some women enter treatment at the crisis stage, others might enter at the safety and trust stage. Where treatment begins will depend upon where a woman is in the process of healing, the recovery work she has already accomplished, and her willingness to work through each of the stages. There will also be times when a woman needs to focus on a specific problem or a decision related to her partner, children, or work. Women need to respect their individual needs in recovery just as they would in any stage of life.

Honoring and respecting her unique history as she comes to understand how this trauma affected her life is what remains important for each woman. With her own voice, each woman tells her story of what another did to her. As women heal, they grow; no longer victims or survivors, they become women who have healed.

## **SUPPORTING YOUR HEALING**

1. Review the stages of healing and write down your thoughts on what stage of recovery you are in or would be in if you committed to a treatment program.
2. If you are in therapy, talk with your therapist about taping therapy sessions; taping sessions can help women review what they discuss and what they learn about themselves. Listening to session tapes at least once or twice a week will help a woman stay focused on her recovery and provide her ongoing support during the time between appointments. Another benefit of taping sessions is that it helps a woman identify how negative beliefs distort her thinking.
3. Keep a recovery journal; write down questions, thoughts, and feelings to share with your therapist. Journaling and taping sessions are two ways to keep your recovery congruent. Women tell me that taping their sessions and keeping a journal supports their recovery in a meaningful way.
4. Read other recovery books on specific topics that you want to learn about regarding this trauma; actively participate in your recovery.

Educate yourself about specific developmental impacts, trauma reenactment behavior, and chronic shock. Use your local library to check out books; the Suggested Resources and Selected Bibliography in the back of this book will give you some direction.

5. Buy yourself a daily affirmation book. Go to a bookstore, look through some of the affirmation books, turn to the day of your birthday, and read what is there. If you feel a connection to the passage, buy the book. As you read a daily affirmation, write about it in your journal. Use one quote a week from what you read to challenge negative beliefs.
6. Write down what you remember about how the sexual abuse affected you as a child. Look over the cycle of abuse in Chapter 4. Allow yourself gradual remembrance of your experience of the trauma. Identify your losses in terms of what the perpetrator took from you; be specific.
7. Are you fearful of expressing anger? What have you learned and been told about anger and women? How do you define assertiveness? Do you hold anger in? Do you explode in anger? Are you able to speak your outrage and anger about the abuse, the perpetrator, or your family where the abuse occurred? Are you able to express anger in your life today? Are you able to accept other people's anger? In what area is anger problematic for you? Appendix F contains information on how to express the outrage of sexual abuse.
8. Be honest in your assessment about how you have been affected by this trauma. Make a list of how the trauma continues to disrupt your life and the confusion it causes you about your identity and self-concept. Once you have made this list, write down a description of how each effect is specifically evident in your life today. Choose one to three of these problem areas that you want to focus on in recovery; once these are healed, identify two more, and so on, until you have worked your way through your list. Women are often surprised about the domino effect of healing—as one area heals, so do others.
9. Answer the following questions: Have you admitted that you were sexually abused? Have you told someone who believes you? What do you experience emotionally when you remember the abuse? What is difficult for you to think about regarding the abuse? Have you accepted that you were not responsible for the abuse or how it affected you?
10. How does your body indicate that the trauma has been stored? Where does your body hurt? What do you experience physically when you think about the abuse? What part of your body seems most affected? What are your physical symptoms of childhood sexual abuse?
11. Review the distorted thought patterns identified in Appendix B. Which of these relate to your way of thinking about yourself? How do

they relate to your thoughts about the abuse? How do they relate to how you think about your life? Which ones maintain a negative self-concept? Which ones lower your self-esteem? Which ones devalue you as a woman? Which ones prevent you from healing?

Answer the above questions a few at a time. Write them down along with your responses in your journal. In three months, six months, and twelve months review them again. Go through these questions until you have completed them at least three times during your recovery. Pay attention to what you are discovering each time you review them.